

THE VISN 5 MIRECC MATTERS

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FROM THE DIRECTOR'S DESK

Alan S. Bellack, PhD, ABPP

Stigma continues to be a major problem for people with schizophrenia and other severe mental illnesses, as well as their families. Lack of parity in health insurance, inadequate treatment for physical illness by primary care providers, zoning restrictions that make it difficult to develop adequate community housing, and inflated fears of violence are among the more obvious factors that impair the quality of life of people with mental illness and contribute to feelings of shame and guilt among family members. The media, especially television and movies, has played no small part in fostering inaccurate impressions about mental illness, but they may finally be getting it right. The current hit film, *A Beautiful Mind*, provides a very sympathetic portrait of John Nash, the Nobel prize winning mathematician who developed schizophrenia. While the film takes some dramatic license, it does provide a good perspective on what schizophrenia is and what it might be like to live with the illness. Let's hope that it contributes to a shift in public perceptions and helps patients and their families become more comfortable talking with others about their experiences.

Reducing stigma is one of the goals of the MIRECC Education Core, and is an important component of our work with veterans and their families, including the NAMI Family to Family Education Program. Several MIRECC investigations are examining some of the consequences of stigma. For example, Dr. Lisa Dixon's NIH sponsored grant, *Morbidity in Schizophrenia: A Focus on Diabetes*, examines the quality of care received by schizophrenia patients with diabetes. Dr. Jean Gearon's NIH grant, *Women with Schizophrenia and Substance Use Disorders*, examines factors associated with violence and victimization experienced by women with severe mental illness. Whether in research, education, or casual social interactions in our daily lives, fighting stigma needs to be a priority for all of us who work with veterans suffering from severe mental illness.

PROJECTS AND PROGRAMS UPDATE

RESEARCH CORE UPDATE: NEW INTERVENTIONS FOR COGNITIVE DEFICITS IN SCHIZOPHRENIA

Submitted by Dwight Dickinson, PhD

Neurocognition in schizophrenia and interventions to address cognitive deficits is one of the initial core targets of the MIRECC's research efforts. We are excited to be able to report on some of the progress we have made in the in this field over the past year. This update addresses two main areas of study: (1) computer-assisted cognitive remediation; and (2) pharmacological treatment of cognitive deficits.

Computer-Assisted Cognitive Remediation

We have begun to recruit the first participants for field-testing of our computer-assisted cognitive remediation program. In this program, we utilize commercially available computer-based learning software exercises designed to enhance concentration, memory, and problem solving. Participants are guided through the exercises in a small group supportive learning atmosphere. The credit for getting us to this first stage of actual pilot testing goes to Drs. Alan S. Bellack, Dwight Dickinson, James Gold, Wendy Tenhula, Sarah Morris, and Judy Van Der Wende, among others.

Dr. Bellack is also seeking support for a neuroimaging study designed, in part, to reveal the brain activation changes associated with participation in cognitive remediation. This project will be a collaboration between the MIRECC and Drs. Carol Tamminga and Deborah Medoff of the Maryland Psychiatric Research Center.

Pharmacological Treatment Of Cognitive Deficits

We have begun recruitment for an exploratory drug trial looking at pharmacologic agents that hold promise for treating cognitive problems in schizophrenia. Drs. Robert Buchanan, Robert Conley, Matthew Nelson, and Dwight Dickinson are spearheading this research. Our group is interested in borrowing treatment strategies from other conditions that adversely affect cognition, such as Alzheimers disease (AD). Studies have shown that certain drugs that affect the acetylcholine neurotransmitter system improve cognitive impairment in AD. This neurotransmitter system is also known to function abnormally in schizophrenia. Our current project looks at whether galantamine, a drug developed to treat cognitive problems in AD, can be added to standard antipsychotic treatment to improve cognitive performance in schizophrenia.

Attention deficit hyperactivity disorder (ADHD) is another condition with interesting parallels to schizophrenia. Difficulties in attention, learning, and problem solving are shared between the disorders, as are behavioral disorganization and impulsiveness. The standard treatment for ADHD is the stimulant medication methylphenidate (Ritalin), but this drug is known to worsen positive symptoms in schizophrenia. A new compound, atomoxetine, has been developed that is thought to be comparable in effectiveness for treatment of ADHD. Unlike methylphenidate, the new drug acts on the norepinephrine neurotransmitter system and thus may offer cognitive benefits to persons with schizophrenia without exacerbating symptoms. As described in more detail in a related article in this newsletter, we have recently been funded to undertake a pilot trial of adjunctive treatment with atomoxetine in schizophrenia (see Congrats Are In Order!).

In future research, we plan to explore possible interactions between cognitive remediation and pharmacological treatment. The planned study of Drs. Bellack, Tamminga and Medoff will take a step in that direction, examining aspects of the interaction between cognitive remediation and an experimental compound targeting the norepinephrine system. We hope that more extensive studies, possibly involving galantamine and cognitive remediation, will follow. Look for further developments in our cognitive interventions research in future editions of this newsletter.

MENTAL ILLNESS: ISSUES FOR PATIENTS AND FAMILIES

Submitted by Cindy Clark, RNC, CD

In October 2001, the MIRECC and the Mental Illness Intensive Case Management Program presented a conference for veterans with mental illness and their families entitled "Mental Illness: A Family Dilemma" which met with very positive response.

We are pleased to announce our second family conference, to be held on Saturday, April 6, 2002 from 8:30 AM to 12:00 PM in the Baltimore VAMHCS Auditorium. "Mental Illness: Issues for Patients and Families" is open to any veteran with mental illness and their family members. During the half day session, David Arnold, MD, Lead Psychiatrist for the VAMHCS, will give an overview of mental health services available for veterans. Robert Conley, MD will talk about current medications and treatment compliance. Bette Stewart, NAMI-Maryland State Director of the Family to Family Education Program, will discuss community resources for families of patients with mental illness. Finally, there will be a panel discussion led by veterans and family members.

For more information, or to register for this important event, contact Cindy Clark, RNC, CD, at Cynthia.Clark@med.va.gov or 410-605-7298.

WHAT LEADS TO A SUCCESSFUL DISCHARGE?

Submitted by Jeanne Geiger-Brown, PhD, RN

MIRECC investigators are collaborating with Mental Health Service Line staff to understand factors that are associated with discharging long-stay psychiatric patients from the hospital. A recent initiative to discharge patients with hospital stays longer than 180 days has met with mixed success - some patients have done well in the community, while others have had either short durations of community tenure, or frequent readmissions to the hospital.

In order to understand what helps patients to have a successful discharge, we are exploring several factors thought to predict outcome among long-stay patients. Some of these factors include: the residual symptoms that are present at discharge, involvement of the veteran in planning his/her discharge, continuity of care across sites of care, follow-up with outpatient treatment services, and family involvement in learning to handle the practical and emotional issues related to helping a family member with mental illness. In addition, the specific problems that led to readmission will be examined in order to understand the criteria for readmitting patients into the hospital.

We look forward to talking with nurses, social workers, and other team members that know these long-stay patients well as we gather data about discharge "success" and "failure". We hope to learn about some of the difficulties they face when preparing to discharge these challenging patients. We also hope to talk with caregivers, including both family members and community residence proprietors. Their perspective on the behavior problems that lead to readmission will help us understand failed discharges, and may lead to new educational and treatment initiatives to improve the discharge process.

CONGRATS ARE IN ORDER!

Continuing their exploration of adjunctive medications for the treatment of cognitive problems in schizophrenia, Drs. Robert Conley, Matthew Nelson, and Dwight Dickinson recently received a grant from the Stanley Foundation. This study will examine the use of atomoxetine for the treatment of cognitive deficits in schizophrenia. Atomoxetine is a compound that is currently in Phase III trials for the treatment of attention deficit hyperactivity disorder. In addition to its effects on cognition, atomoxetine treatment has also been linked to weight loss. Since weight gain is an important clinical concern for schizophrenia patients treated with certain antipsychotics, this research also will track any treatment-related effects on weight and metabolism.

SCHIZOPHRENIA SEMINAR SERIES 2002

The MIRECC Education Core is pleased to announce the 2002 Schizophrenia Seminar Series, to be held on Fridays in April and May from 12:00 noon to 1:00 p.m. Prominent speakers will discuss issues relevant to anyone working with people with schizophrenia. Topics will include treatment guidelines, psychopharmacology, somatic comorbidity, movement disorders, and substance abuse (see entire schedule, below). The seminars are open to all Mental Health Service Line staff, psychology and social work interns, psychiatry residents and other trainees at the Baltimore, Perry Point, Washington and Martinsburg VAMCs. Speakers will present at either Baltimore or Perry Point and the session will be video-conferenced to all other sites. The Vtel conference room locations are:

Baltimore - 6A-168 (MIRECC)

Perry Point - Building 364 conference room

Washington - Room 3A-145

Martinsburg - Room 6B-122

Please join us for any or all of the seminars listed below, and feel free to bring your lunch. VA Employee Education credits are available for attendance at any seminar.

April 5: PORT Treatment Guidelines – Anthony Lehman, MD, MSPH

April 12: Behavioral Treatment of Schizophrenia – Alan S. Bellack, PhD, ABPP

April 19: Psychopharmacology – Robert Conley, MD

April 26: Somatic Comorbidity – Lisa Dixon, MD, MPH

May 3: Movement Disorders – Matthew Nelson, PharmD

May 10: Neurocognitive Functioning & Schizophrenia – James Gold, PhD

May 17: Smoking & Schizophrenia – Melanie Bennett, PhD

May 24: (No seminar)

May 31: Substance Abuse & Schizophrenia – Joseph Liberto, MD

WE NEED YOUR IDEAS!

The MIRECC presented two highly successful conferences in 2001, and will be presenting three more conferences in 2002 (see Upcoming Events, below). At this time, we are very interested to know what topics you would like to see presented at future conferences. What topics would meet your needs and enhance the care of our veterans? Or, are you planning any conferences that could use our assistance? We would be interested in discussing your plans to see how we can help. Tell us what conferences you'd

like to see in 2003! Please email Shannon.Thomas-Lohrman@med.va.gov or call our office at 410-605-7451.

UPCOMING EVENTS

April 6, 2002

8:30 AM - 12:00 PM

Mental Illness: Issues for Patients and Families

Location: Baltimore VAMHCS Auditorium

This half-day seminar is designed to provide education and support to veterans with mental illness and their family members. Topics include psychotropic medications and compliance with treatment, services available to veterans, and community resources. There will also be a panel discussion led by veterans and family members.

For more information, contact Cindy Clark, RNC, CD, at Cynthia.Clark@med.va.gov or 410-605-7298.

April 15, 2002

7:45 AM – 4:15 PM

Women and Schizophrenia

Location: Turf Valley Resort and Conference Center, Ellicott City, Maryland

This one-day conference will focus on important issues related to women with schizophrenia including: gender differences in illness course and presentation, the use of anti-psychotic medications and other psychotropic medications, sexual and physical victimization, and reproductive issues including genetic counseling. There will be a poster session with a \$150 award for Outstanding Poster.

For more information, contact Erica Chestnut at 1-800-949-1003, x 6312.

September 23, 2002

Dual Diagnosis Conference

Location: US Fish and Wildlife Service National Conservation Training Center, Shepherdstown, WV
(located 8 miles from the Martinsburg VA)

This one-day conference will cover a range of issues related to the assessment and treatment of veterans with both substance abuse and severe mental illness. Topics will include: psychopharmacological management, non-pharmacological treatment, integrated services, and psychopathology.

December 2 & 3, 2002

Schizophrenia and the Criminal Justice System

Location: Turf Valley Resort and Conference Center, Ellicott City, Maryland

This two-day conference will cover issues related to the interface between the criminal justice system and the mental health treatment needs of patients with schizophrenia. Topics to be explored include: prevalence of severe mental illness (SMI) in jails and prisons, arrest rates of persons with SMI, SMI and crime in a broader, "social" context, symptom-motivated criminal behavior, police training programs, jail diversion, treatment in jail, community re-entry, and federal and local perspective on crime and SMI.